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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518))</small>		Document Number (Optional) <div style="font-size: 1.2em; font-family: cursive;">505 IPC WS WS</div>
Application Number <div style="font-size: 1.2em; font-family: cursive;">101764, 572</div>	Filed <div style="font-size: 1.2em; font-family: cursive;">01/27/2004</div>	
For <div style="font-size: 1.2em; font-family: cursive;">Universal Quick Connector...</div>		Examiner <div style="font-size: 1.2em; font-family: cursive;">Zarrol, Michael</div>
Art Unit <div style="font-size: 1.2em; font-family: cursive;">2839</div>		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$80 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ <div style="font-size: 1.2em; font-family: cursive;">510</div>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input checked="" type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<div style="font-size: 1.5em; font-family: cursive;">J. Mesovitch</div> Signature		<div style="font-size: 1.2em; font-family: cursive;">January 23, 2007</div> Date
<div style="font-size: 1.2em; font-family: cursive;">Jerry Mesovitch</div> Typed or printed name		<div style="font-size: 1.2em; font-family: cursive;">416-593-4663</div> Telephone Number

NOTE: Signatures of all 3-4 inventors or assignees of record or 3-4 entities, individual or their representative(s) are required. Submit suitable forms if more than one signature is required. See below.

☒ Total of _____ forms are submitted.

This Collection of Information is required by 37 CFR 1.601(a). The information is requested to determine if you are eligible to benefit from the public reporting fee reduction benefit by the USPTO to process an application. Confidentiality is governed by 38 USC 104 and 37 CFR 1.13 and 1.14. This collection of information may be used for other purposes without your consent. You must provide complete and accurate information regarding preparing and submitting the completed application form to the USPTO. Failure will adversely impact the administrative cost. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer at U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450

If you need assistance in completing the form, call 1-800-970-6196 and select option 2.